spread of Kala-Azar by carrying out research activities for elimination of the disease in respect of epidemiological aspects as well as diagnosis, treatment and vector control. However, the Directorate of NVBDCP under the Directorate General of Health Services, Ministry of Health and Family Welfare, deals with all vector-borne diseases including Kala-Azar in the country and is the national level technical and nodal point for developing strategies and guidelines, to guide the States for Kala-Azar elimination. Research related inputs provided by RMRIMS are used by NVBDCP in evolving strategies and guidelines for Kala-Azar elimination.

(d) and (e) The National Health Policy (2002) envisages the elimination of Kala-Azar (*i.e.* to reduce the number of cases to less than 1 per 10,000 population at sub-district level) by 2010. Kala-Azar elimination is an integral component of the programme on vector-borne diseases. The main strategies for Kala-Azar elimination are-

(i) Early case Detection and Completed Treatment (EDCT).

(ii) Vector Control with DDT spray.

(iii) Information, Education and Communication (IEC) for community awareness specially during pre-spray activities.

Besides, source reduction of vector is being done by constructing pucca houses for Mushar Community with assistance from Ministry of Rural Development.

Non-availability of doctors and paramedics

2069. PROF. ALKA BALRAM KSHATRIYA:
DR. JANARDHAN WAGHMARE:
SHRI ISHWAR SINGH:
SHRI MAHENDRA MOHAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Rural Health Mission (NHRM) in its recent report has found that nearly 80 per cent of the country's total primary health centres, the doctors or para-medical staff do not exist;

(b) if so, the details thereof;

(c) whether Government is also aware that the condition of such primary health centres is appalling and no concrete steps are taken to set them right; and

(d) if so, the details of the plans formulated by Government to ensure availability of doctors and para-medical staff at primary health centres?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) No. Out of a total of 23458 functioning across the nation, only 2533 PHCs are functioning without a regular doctor, 7617 PHCs are functioning without lab technician, 3279 PHCs are functioning without pharmacists as on March, 2008.

(d) Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States. The various initiatives include contractual engagement of health

staff based on local residence criteria, multi-skilling of doctors and para-medics, provision of incentives to serve in rural areas like blended payments, difficulty area allowances, PG allowance, case based payments, improved accommodation arrangements, provision of Ayush doctors and paramedics in PHCs and CHCs as additional doctors in rural areas, block pooling of doctors in underserved areas, engaging with the non-Government sector for underserved areas through contracting in or contracting out of human resources, empowering the community to exercise greater control over health care facilities, provision of untied and flexible funds are a few of the many measures being undertaken to ensure proper health care facilities for the rural poor in the country.

Bi-valent Oral Polio Vaccine

2070. SHRIMATI MOHSINA KIDWAI:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government plans to introduce Bi-valent Oral Polio Vaccine (BOPV) to deal with the fresh outbreak of type 3 virus of Polio;

(b) if so, the details thereof;

(c) whether the special drives launched by Government to wipe out polio from the country have proved ineffective and the number of Polio cases are still rising ; and

(d) if so, the details thereof and to what extent the use of this new polio vaccine will be effective?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) Yes. Based on the recommendations of India Expert Advisory Group (IEAG), the advisory body to the Government of India on Polio Eradication, it has been decided to administer Bivalent Oral Polio Vaccine (bOPV) in specific areas depending on the availability.

(c) and (d) As per the IEAG, virologic, genetic, operational and technical evidence show that India is on the right path for polio eradication. Although the number of polio cases has increased in 2009 as compared to 2008, the geographic scope of both poliovirus type1 and type3 has reduced further.

Trials in India with bOPV has shown the vaccine to be more efficacious than the traditionally used trivalent oral polio vaccine (tOPV) and almost as good as the currently used monovalent oral polio vaccines mOPV1 and mOPV - which protect against the corresponding poliovirus type.

As per the opinion of the IEAG the use of the bivalent OPV is expected to achieve interruption of transmission of polio type1 while maintaining control of polio type3 and once this is achieved, the strategy will shift to interruption of polio type 3.